

# PATENT APPLICATION DATA SHEET

(Under 37 C.F.R. § 1.76.)

## Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: Class 29  
Suggested Group Art Unit:: 2858  
CD-ROM or CD-R?: No  
Title:: Probe Card Assembly And Kit, And  
Methods Of Making Same  
Attorney Docket Number:: P6D2-US  
Request For Early Publication?: No  
Request For Non-Publication?: No  
Suggested Drawing Figure:: Figure 8E  
Total Drawing Sheets:: 12  
Small Entity?: No  
Petition Included?: No  
Secrecy Order In Parent Appl.?: No

## Inventor Information

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Benjamin  
Middle Name:: Niles  
Family Name:: Eldridge  
Name Suffix::  
City of Residence:: Danville  
State or Prov. of Residence:: California  
Country of Residence:: US  
Street:: 651 Sheri Lane

0346490 043001

City:: Danville  
State or Province:: California  
Country:: US  
Postal or Zip Code:: 94526

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: William  
Family Name:: Grube  
Name Suffix::

City of Residence:: Pleasanton  
State or Prov. of Residence:: California  
Country of Residence:: US  
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City:: Pleasanton  
State or Province:: California  
Country:: US  
Postal or Zip Code:: 94588

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Igor  
Middle Name:: Yan  
Family Name:: Khandros  
Name Suffix::

City of Residence:: Orinda  
State or Prov. of Residence:: California  
Country of Residence:: US  
Street:: 25 Haciendas Road  
City:: Orinda

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State or Province:: California  
Country:: US  
Postal or Zip Code:: 94563

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gaetan  
Middle Name:: L.  
Family Name:: Mathieu  
Name Suffix::  
City of Residence:: Livermore  
State or Prov. of Residence:: California  
Country of Residence:: US  
Street:: 659 Orange Way  
City:: Livermore  
State or Province:: California  
Country:: US  
Postal or Zip Code:: 94550

**Correspondence Information**

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City:: Livermore  
State or Province:: CA  
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**Representative Information**

Representative Customer Number:: 000027520

09846490-05494860

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Divisional of	09/156,957	9/18/1998
09/156,957	Divisional of	08/554,902	11/9/1995
08/554,902	Continuation-in-part of	08/452,255	5/26/1995
08/554,902	Continuation-in-part of	08/526,246	9/21/1995
08/554,902	Continuation-in-part of	08/533,584	10/18/1995
08/452,255	Continuation-in-part of	08/340,144	11/15/1994
08/452,255	Continuation-in-part of	08/152,812	11/16/1993
08/340,144	Continuation-in-part of	08/152,812	11/16/1993

**Foreign Priority Information**

Country::	Application Number::	Filing Date::
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**Assignee Information**

Assignee Name::	FormFactor, Inc.
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